



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY ASSURANCE/MEDI-CAL CERTIFICATION SECTION**

**MEDI-CAL RE-CERTIFICATION CHECKLIST FOR COUNTY OWNED AND DIRECTLY OPERATED
PROVIDERS**

TABLE of CONTENTS for MHP MEDI-CAL RE-CERTIFICATION DOCUMENTS

Page 1	TABLE of CONTENTS for MEDI-CAL RE-CERTIFICATION
Page 2	GUIDE FOR PERTINENT INFORMATION <i>To be completed by provider prior to site visit and placed in the appropriate category (category 1 see page 3)</i>
Page 3	DOCUMENTS for MEDI-CAL CERTIFICATION/RE-CERTIFICATION <i>To assist with the certification process, it is recommended that a binder with requested documents be placed in the categories shown. It is recommended that categories be separated with tabs/dividers.</i> <i>Note: not all categories are applicable to all providers (Category 6)</i>
Page 4 & 5	LAC-DMH POLICIES AND PROCEDURES RELATED TO MEDI-CAL RE-CERTIFICATION <i>To assist with the certification process, it is recommended that LAC-DMH Policies and Procedures be placed in a separate binder. Be sure that the latest version of LAC-DMH policies are provided.</i>
Page 6	PHYSICAL PLANT INSPECTION CHECKLIST <i>List of items that will be checked during the walk-through by the LAC-DMH representative.</i>
Page 7	ADDITIONAL INFORMATION/ RESOURCES
Page 8	STAFF ROSTER FORM <i>(Use attached form)</i> <u>Copy of Head of Service's Clinical License required.</u>

COUNTY OWNED AND DIRECTLY OPERATED PROVIDER

GUIDE FOR PERTINENT INFORMATION

Provider#:	
Provider Name:	
Address:	
Direct Phone #:	
Fax #:	
Email:	

Head of Service Name: _____

Contact Number: _____

Fire Clearance Date: _____

Catchment Areas: _____

Days & Hours of Operations: _____

Source of Referrals: _____

Ethnicity of Population Served	Mark "X" to Indicate Languages Spoken by Bilingual Staff:
CAUCASIAN %	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other(s):
HISPANIC %	
AFRICAN AMERICAN %	Estimate Age Range of Clients:
ASIAN %	Estimate % of Medi-Cal Clients:
NATIVE AMERICAN %	Estimate Client's Length of Specialty MHS :
OTHER %	Monthly Estimate of Clients served face-to-face:
	Estimate Number of Open Cases:

<u>STAFF PATTERNS DISCIPLINE</u>	<u>TOTAL # FOR EACH DISCIPLINE</u>	<u>TOTAL FTEs FOR EACH DISCIPLINE</u>	<u>% of Field Time FOR EACH DISCIPLINE</u>
Psychiatrist			%
Licensed Psychologist			%
Waivered Psychologist			%
Physician			%
RN			%
NP			%
LCSW			%
ASW			%
MFT			%
MFT Intern			%
LPT			%
LVN			%
*Certified Rehabilitation Professionals			%
MH Rehabilitation Specialist			%
Others			%

List the name(s), address(es), phone number(s) and hours of operation of School-Based Programs (use additional sheet if necessary): Provide a copy of the MOU

**Complete a separate GUIDE FOR PERTINENT INFORMATION form for the following:
Satellite Site**

*Occupational Therapist; Recreation Therapist; Music Therapist; Art Therapist; Dance Therapist; Movement Therapist.

COUNTY OWNED AND DIRECTLY OPERATED PROVIDER

DOCUMENTS FOR MEDI – CAL RE-CERTIFICATION

Please be prepared to provide copies of documents upon request

Category 1: GENERAL PROVIDER INFORMATION, BROCHURES & NOTICES (provide a copy in the following order)

1). Guide For Pertinent Information 2). Brochure of Services 3). Provider's Mission Statement

Category 2: FIRE CLEARANCE (Place copy in this section)

Current fire clearance form signed by Fire Inspector (must document "Fire Clearance")

Category 3: PHYSICAL PLANT (place copy of disaster emergency procedure and evacuation diagram)

Category 4: POLICIES AND PROCEDURES

4 A) HIPAA Policies and Chart Room Files & Key Control Policy (Provide a policy and procedure delineating how & who has access to client charts. For field services, include a procedure for transportation of charts (if applicable) and a blank copy of a chart log sheet. If on an electronic chart system, provide a description of how it operates and safeguarding of PHI information). **Please have an extra copy for DMH staff to take.**

4 B) Personnel Policies & Procedures: Please provide DMH Employee handbook & Policy 106.03

4 C) General Operating Procedures (Program description, admission, discharge & referral procedure). Description should include how, when, what and by whom are services provided from the time of admission to discharge. For field services, include a detailed summary of how patient rights materials are offered/ given to clients. **Please have an extra copy for DMH staff to take.**

4 D) Janitorial/Building Maintenance: Written procedure with contact information (person to be notified, phone number, e-mail, etc.) should any type of building maintenance be needed, i.e., plumbing, electrical, etc. include a blank work order if applicable. **Please have an extra copy for DMH staff to take.**

4 E) Written site-specific Service Delivery Policies: Provide a detailed description of how services (*those that are applicable to the provider- clinic, field based, and/or tele-mental health services*) are delivered. This is the core of the re-certification/ certification. *Please be as detailed as possible---* Targeted Case Management; Mental Health Services-Individual-Group-Collateral; Psychological Testing; Crisis Intervention; Medication Support Services; Therapeutic Behavioral Services. Pls. refer to DMH Policy 100.01 as a guide but not to be used as site specific service delivery policy. **Please have an extra copy for DMH staff to take.**

4 F) Provide DMH Policy 303.06 in this section. Please have an extra copy for DMH staff to take.

4 G) Physician Availability: Written procedures for referring individuals to a **psychiatrist** when necessary, or to a **physician** if a psychiatrist is not available during & after business hours; include name & coverage hours of MD on & off site. Referral procedure for **medical/physical** conditions (include a medical referral list closest to provider's service area). **Please have an extra copy for DMH staff to take.**

Category 5: HEAD OF SERVICE (HOS): Provide copy of current clinical license

5 A) Staffing: Provide a staff roster for each program if applicable. (Use attached form).

Category 7: MEDICATION SUPPORT SERVICES (Only if medications are stored and/or dispensed). Include information for handling 'samples' expired or discarded medications & medication room key control. Refer to DMH Policy 306.03 as a guide if needed.

COUNTY OWNED AND DIRECTLY OPERATED PROVIDER

LIST OF LAC-DMH POLICIES

Provide the below LAC-DMH Policies in a separate binder

1. (100) Departmental Administration/Operations

- ☐ 100.01 Service Delivery Definition Policy (10/15/02)
- ☐ 104.01 Access to Public Records (10/01/89)

2. (106) Compliance and Ethics

- ☐ 106.01 Compliance Program Communication (12/03/12)
- ☐ 106.02 Compliance Program, Code of Organizational Conduct, Ethics and Compliance Document Distribution to Employees and Attestation (12/3/12)
- ☐ 106.03 Employee Ability to Provide Goods and services under Federally Funded Health Care Programs (11/28/12)
- ☐ 106.04 Contractors Eligibility to Provide to Goods & Services under Federally Funded Health Care Programs and to Secure Federally Funded Contracts (03/08/12)
- ☐ 106.05 Fraud, Waste & Abuse Prevention (01/01/07)
- ☐ 106.06 The False Claims Act & Related Laws (11/10/11)
- ☐ 106.08 Graded Sanctions (12/31/12)
- ☐ 106.09 Removing Names of Sanctioned Individuals from the Rendering Provider List (8/01/11)
- ☐ 106.10 Compliance Training for LAC-DMH Workforce (12/06/12)
- ☐ 106.13 Reporting Possible Criminal Activity (05/01/08)
- ☐ 106.14 National Provider Identifier (NPI) Requirements (09/01/08)
- ☐ 106.15 Updating & Maintaining National Provider Identifier (NPI) Application Data (06/01/08)

4. (200) Client Services/Patients' Rights

- ☐ 200.01 Advanced Health Care Directive (06/01/04)
- ☐ 200.02 Hearing Impaired MH Access (04/07/10))
- ☐ 200.03 Language Translation and Interpretation Service (02/01/16)
- ☐ 200.04 Beneficiary Problem Resolution Process (09/01/04)
- ☐ 200.08 Procedures for Screening, Treating and Referring Veterans to Ensure Appropriate Services (10/06/08)

5. (300) Clinic Operations

- ☐ 300.01 Client Identification and Address Verification (10/11/11)
- ☐ 300.03 Clinical Correspondence Concerning Clients (03/15/15)
- ☐ 300.04 Recommendations to Private pay Mental Health Service Providers/Practitioners (02/09/15)
- ☐ 300.06 Non-Open Protected Health Information (PHI) File (10/08/10)
- ☐ 300.07 Use of Client Information for Publication (03/09/15)
- ☐ 301.01 Personal Searches of Individuals Admitted to LPS Designated Facilities (01/24/14)
- ☐ 301.03 Management of Aggressive Client Behavior in Settings without LPS Designation (08/02/12)
- ☐ 302.01 Compliance with DMH Practice Parameters (01/28/14)
- ☐ 302.02 Crisis & Emergency Evaluation by Outpatient Mental Health Facilities (08/15/01)
- ☐ 302.03 Roles & Responsibilities in the Care of Clients (06/10/11)
- ☐ 302.04 Triage (10/15/10)

COUNTY OWNED AND DIRECTLY OPERATED PROVIDER

List of LAC- DMH Policies (Continued)

- ☐ 302.05 Reporting Alleged Sexual Behavior with Clients (03/01/15)
- ☐ 302.06 Requirements for Registered Nurses in Order to Conduct a Psychiatric Diagnostic Interview (09/15/13)
- ☐ 302.07 Scheduling Initial Clinical Appointments & Associated Documentation (09/01/14)
- ☐ 302.08 Child Wellness-Nutrition and Physical Activity (02/02/15)
- ☐ 302.09 Scheduling Initial Medication Services (04/27/15)
- ☐ 302.12 Walk-In Services (10/05/15)
- ☐ 303.01 Duty to Warn & Protect Third Parties in Response to a Threat (02/09/15)
- ☐ 303.02 Reporting Suspected Child Abuse & Neglect (03/08/12)
- ☐ 303.03 Reporting Suspected Elder/Dependent Adult Abuse and Neglect (10/01/03)
- ☐ 303.04 Reporting Prescription Forgery, Stolen Controlled Substances or Prescription Forms & Illegal Use of DEA Numbers (08/22/11)
- ☐ 303.05 Reporting Clinical Events Involving Active Clients (07/13/15)
- ☐ 303.06 Reporting Unusual Occurrences to the State Department of Mental Health (05/01/01)
- ☐ 306.02 Standards of Prescribing & Furnishing of Psychoactive Medications (02/28/11)
- ☐ 306.03 Storing, Administering & Accountability of Medications (02/15/06)
- ☐ 306.04 Furnishing Supervision (06/22/15)
- ☐ 306.05 Prescribed Drugs for Clients of Contractors (03/01/03)
- ☐ 307.01 Persons Authorized to Initiate Involuntary LPS Detention (11/10/11)
- ☐ 307.02 LPS Detention-Contracted & Directly Operated LAC-DMH Programs (11/08/07)
- ☐ 307.03 LAC Policy for Conditional LPS Authorization (04/01/09)
- ☐ 307.04 Telemental Health Service Provided by LPS Authorized Clinicians (05/25/10)
- ☐ 308.01 The Use of Telepsychiatry (07/07/10)
- ☐ 309.01 Provision of Off-Site MH Services (12/10/12)
- ☐ 310.01 HIV & AIDS Clinical Documentation & Confidentiality (08/01/00)
- ☐ 311.01 Integration of Spiritual Interests of Clients in the Provision of MH Services & Support (07/13/12)
- ☐ 312.01 Mutual & Unilateral Termination of MH Services (01/24/14)
- ☐ 312.02 Closing of Service Episodes (08/22/11)

6. (400) Quality of Care/Quality Assurance/Clinical Documentation

- ☐ 400.02 Clinical Supervision (06/19/15)
- ☐ 401.01 Legal Responsibility for Uniform Clinical Records (05/01/91)
- ☐ 401.02 Clinical Records Maintenance, Organization & Contents (08/31/15)
- ☐ 401.03 Clinical Documentation for All Payer Sources (01/24/14)

7. (500) HIPAA

- ☐ 500.01 Use & Disclosure of PHI Requiring Authorization (12/15/03)
- ☐ 500.02 Use & Disclosure of PHI Requiring without Authorization (04/14/03)
- ☐ 500.03 Minimum Necessary Requirements for Using & Disclosing PHI (12/15/03)
- ☐ 500.04 De-Identification of PHI & Use of Limited Data Sets (04/14/03)
- ☐ 500.05 Use & Disclosure of PHI for Research (04/14/03)
- ☐ 500.06 Verification of Individuals Requesting PHI (04/14/03)
- ☐ 500.07 Incidental Use of Disclosures (04/14/03)
- ☐ 500.08 Use or Disclosure of PHI of Deceased Clients, Minors & to Personal Rep (04/14/03)

COUNTY OWNED AND DIRECTLY OPERATED PROVIDER

List of LAC- DMH Policies (Continued)

- ☐ 501.01 Client Rights to Access PHI (03/09/15)
- ☐ 501.02 Designated Record Set (4/14/03)
- ☐ 501.04 Accounting of Disclosures of PHI (4/14/03)
- ☐ 501.05 Refraining from Retaliatory or Intimidating Acts against Individuals that Assert Rights Under HIPPA (04/14/03)
- ☐ 501.06 Client Rights to Amend Mental Health Information (4/14/03)
- ☐ 501.07 Client Rights to Request Restrictions to Use & Disclosure (4/14/03)
- ☐ 501.08 Client Right to Agree or Subject to Use & Disclosure of PHI (4/14/03)
- ☐ 501.09 Prohibiting Offer of Treatment on the Condition of Waiver of Rights under HIPAA (4/14/03)
- ☐ 502.01 Privacy Practices Notices (2/15/06)
- ☐ 503.01 Amendment of Privacy Practices and Policies (4/14/03)
- ☐ 504.01 HIPAA PRIVACY COMPLAINTS (8/1/04)
- ☐ 505.01 HIPAA Privacy Training (4/14/03)
- ☐ 506.01 Mitigation of Harm (4/14/03)
- ☐ 506.02 Privacy Sanctions (5/1/06)
- ☐ 506.03 Responding to Breach of Protected Health Information (5/3/11)
- ☐ 507.01 HIPAA Business Associates (04/14/03)
- ☐ 508.01 Safeguards for PHI (02/15/13)
- ☐ 508.02 Confidentiality (09/17/15)
- ☐ 509.01 Whistleblowers (04/14/03)
- ☐ 510.01 Interdepartmental MOU (04/14/03)
- ☐ 557.02 Appropriate Use of Email for Transmitting PHI &/or Confidential Data (08/15/12)

8. (700) Risk Management

- ☐ 701.01 Reporting Health & Safety Hazards (05/02/16)

9. (1100) Program Support

- ☐ 1100.01 Quality Improvement Program (03/16/15)

PHYSICAL PLANT INSPECTION CHECKLIST

COUNTY OWNED AND DIRECTLY OPERATED PROVIDER

All of the following items must be *available* in a designated location to view (Head of Service information, Patients' Rights poster, DMH HIPAA poster, etc.), review (Resource directory, directory of providers etc.), and take (pamphlets, grievance forms, change of provider forms, guide to Medi-Cal services booklets etc.) without having to ask a provider staff member:

- ☐ Posted Head of Service sign with name, phone number and agency hours of operation.
- ☐ The LAC-DMH LOCAL MENTAL HEALTH PLAN poster (new version with **12** languages)
- ☐ LAC-DMH Notice of Privacy Practices Poster
- ☐ ADA [Americans with Disabilities Act] notice (Federal mandate compliance)
- ☐ Emergency Disaster Evacuation diagram indicating location of First Aid Kit(s) & fire extinguishers.
- ☐ Suggestion box with paper and pencil available for consumers.
- ★☐ DMH Directory of Providers (must be in lobby area and accessible to clients).
- ★☐ Mental Health Client Resource Directory.(April 2009)

Provide LAC-DMH-Patients' Rights informing materials in the agency's threshold languages only.

- ★☐ GUIDE TO Medi-Cal Mental Health Services booklets.
- ★☐ GRIEVANCE & APPEAL PROCEDURES A CONSUMER'S GUIDE Pamphlet.
- ★☐ BENEFICIARY/CLIENT GRIEVANCE OR APPEAL AND AUTHORIZATION FORM.
- ★☐ Self-addressed envelopes to LAC-DMH Patients' Rights Office.
- ★☐ Copies of REQUEST FOR CHANGE OF PROVIDER (DMH Policy 200.05 - Attachment I).
- ★**Field based providers must have a workable procedure to offer these items/information to clients**

General Safety & Security Procedures:

- ☐ Safety, security and confidentiality of Medical Records (electronic/ hard copies).
- ☐ Method for disposal and transportation of confidential files (paper shredder/ bin/ locked box).
- ☐ Agency (facility) is clean, sanitary and in good repair (e.g., no frayed electrical cords, no dangling/missing ceiling tiles, no holes in carpet/walls, no uneven flooring, no leaks in bathroom plumbing/hot & cold water, etc.). In children areas, all electrical outlets are covered.
- ☐ Agency's parking lot, building entrance & bathroom is wheelchair accessible.
- ☐ All offices/rooms are free from clutter.
- ☐ Fire Extinguisher(s) tags are present and up to date.
- ☐ First Aid Kits- (if available, **not required**).
- ☐ **Consumers'** storage area/refrigerator for food items must have a thermostat with temperature log (if applicable).

Medication Room (if applicable)

- ☐ Medication key accessible only to authorized medical personnel.
- ☐ A copy of provider's site-specific and LAC-DMH medication policies & procedures must be kept in the medication room.
- ☐ Internal/external use-only medications are stored separately.
- ☐ All medications are clearly labeled and stored in a locked area accessible to *authorized medical personnel only*.
- ☐ Opened injectable multi-dose vials must be clearly dated and initialed.
- ☐ Refrigerator temperature is between 36°- 46°F with daily temperature documented on log.
- ☐ Ambient temperature in Medication Room is between 59°-86°F with daily temperature documented on log.
- ☐ Follow pharmaceutical samples procedures as per LAC-DMH policy #103.02.
- ☐ Logs documenting administered/dispensed medications to clients.
- ☐ Logs documenting disposed/expired/contaminated/unused medications and method of disposal.

COUNTY OWNED AND DIRECTLY OPERATED PROVIDER

MEDI – CAL RE-CERTIFICATION POSTED BROCHURES & NOTICES

Field based providers must have a workable procedure to offer the below items/information to clients.

Designate one specific location in clients' waiting area to display informing material listed below in English including agency's threshold languages for targeted population served:

- The LAC-DMH Local Mental Health Plan Poster (newest version: 12 threshold languages)
- Guide to Medi-Cal Mental Health Services Booklet (MH630)
- Grievance & Appeal Procedures A Consumer's Guide Pamphlet (MH638)
- Beneficiary/Client Grievance or Appeal and Authorization Form (MH558)
- Self-addressed envelopes to LAC-DMH Patients' Rights Office
- Mental Health Client Resource Directory (April 2009)
- Provider Directory by Service Areas <http://psbqi.dmh.lacounty.gov/data.htm>
- Request for Change of Provider forms (see LAC-DMH Policy 200.02 - attachment I)
- LAC – DMH Notice of Privacy Practices Poster

For the above materials go to:

http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_info?1dmy&page=dept.lac.dmh.home.admin_tools.admin_detail.hidden&urile=wcm%3apath%3a/dmh+content/dmh+site/home/administrative+tools/administrative+tools+detail/patients_rights_office

For further questions contact: Patients' Rights Office – Beneficiary Program (213) 738-2524 or 738-4949.

Please note:

All items must be available in a designated location for the Medi-Cal beneficiaries to review (Resource directory, directory of providers, etc.) and to take (pamphlets, grievance forms, change of provider forms, guide to Medi-Cal services booklets, etc.) without having to ask a provider staff member.

POLICIES & PROCEDURES FOR CONTRACT PROVIDERS:

To access Policies and Procedures online, go to DMH website

<http://lacdmh.lacounty.gov/policy/Contractors/index.htm>

For any questions please contact the Certification liaison or supervisor assigned to your service area:

SPA 1&6 : Iling Wang, MHC- RN	(213) 251-6805	Email: llwang@dmh.lacounty.gov
SPA 2&5 : Belinda Ankrah, MHC-RN	(213) 251-6880	Email: bankrah@dmh.lacounty.gov
SPA 3&4: Elizabeth Townsend, MHC- RN	(213) 251-6820	Email: etownsend@dmh.lacounty.gov
SPA 7&8: Joel Solis, MHC- RN	(213) 251-6883	Email: jsolis@dmh.lacounty.gov

Supervisors:

SPA 1,6,7&8: Thang Nguyen, Sr. MHC-RN	(213) 251-6846	Email: tdnguyen@dmh.lacounty.gov
SPA 2,3,4&5: Elizabeth Pak, LCSW	(213) 251-6813	Email: epak@dmh.lacounty.gov

Certification Program Head:

Norma Cano, Psy.D.	(213) 251-6886	Email: ncano@dmh.lacounty.gov
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PFAR Mailbox: psbmccertification@dmh.lacounty.gov

Certification Questions: qualityassurance@dmh.lacounty.gov

Provider Name:**Provider Number:**

Staff Roster

[illegible]